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Promoting Quitlines

Overview

The key to a successful, cost-effective quitline media campaign is a comprehensive approach that uses a variety of media and well-crafted messages designed to reach targeted audiences. Based on the experiences of existing state quitlines, it is recommended that states work with a media professional or advertising agency with experience in social marketing to assist with the development of an effective media campaign.

This chapter covers the role of quitline promotion in the larger anti-tobacco campaign; basic concepts of traditional and social marketing that have a bearing on quitline promotion; and the use of television, radio, and other promotional channels and public relations strategies. It also includes a case study describing strategies used to promote the Arizona Smokers' Helpline.

The Media Contractor

States that have quitlines also conduct anti-tobacco media campaigns. For several reasons, the task of promoting the quitline is generally assigned to the same agency that runs the overall campaign. First, the availability of a free cessation service is just one of many messages that may need to be conveyed, and working through a single media contractor helps create a coherent campaign covering the whole range of anti-tobacco messages. This arrangement can even create synergy between campaign messages when, for example, a well-crafted ad warns about the dangers of secondhand smoke and also promotes the quitline, or when an anti-tobacco ad that does not include the quitline's phone number prepares the public for subsequent ads that do.

There are other, more basic reasons for contracting with a single agency. One is that it is easier to manage a single contract than several. Although the primary contractor may subcontract parts of the

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campaign to other firms (for example, to one specializing in the Latino market), accountability for the success of the overall campaign remains with the primary agency.

Contracting with an agency that has social marketing expertise is also important. Social marketing differs from traditional marketing in that its goal is to promote the adoption of behaviors that will improve health or well-being, whereas the goal of traditional marketing is to sell products. Despite the difference in goals, several key concepts from traditional marketing carry over to the marketing of quitlines. States that have limited options when choosing a media contractor may want to award the entire contract to the most qualified firm it can find.

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Regardless of which firm is chosen to be the media contractor for the quitline campaign, clear and frequent communication between the state, the media contractor, and the quitline is an essential component for an effective campaign. Quitline staff should be notified in advance of all media promotions. Promotional samples, press releases, proofs of print ads, on-air schedules, audiotapes of radio spots, and videotapes of TV ads should be provided before the onset of promotion. When news stories are placed with television or print media, copies of the stories should be forwarded to the quitline staff as soon as possible. Alerting them to media promotions not only helps the quitline respond to callers, but it also helps its staff gather better data on the impact of the promotion.

Developing the Campaign

The advertising requirements of a new quitline are different from those of existing quitlines that have name recognition and established referral systems. A new quitline must create public awareness; therefore, its campaign relies heavily on paid television and radio advertising. As awareness and referrals grow, the focus of the campaign may change: established quitlines may use advertising more to maintain a stable call volume, to target specific populations, and to pique interest on specific occasions such as the Great American Smokeout. In either case, developing a successful quitline promotional campaign is more complicated than choosing the most compelling television commercial and buying airtime. To be successful, a quitline campaign must be consumer-centered and relevant—employing the basic tenets of social marketing.

Lessons from Traditional Marketing

Social marketing differs from traditional marketing in that its goal is to promote the adoption of behaviors that will improve health or well-being, not to influence purchasing decisions. Despite the difference in goals, however, several key concepts from traditional marketing carry over to the marketing of quitlines.

One key concept is the idea that quitline services may be viewed as a kind of product. Prospective callers “buy” the product for the price of the effort to make the call. As a product, the quitline must appeal to potential buyers who wonder whether it works, how convenient it is, whether it is right for them, and so on. An effective campaign may suggest positive answers to such questions by indicating some of the benefits of using the quitline, creating demand in the process. The questions that arise in the minds of potential buyers of any product depend in large part on personal variables such as age, gender, cultural background, and socioeconomic status, so an effective campaign must start with a thorough knowledge of the target populations.

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Another important concept is that quitline services, like all products, have a cost to the user. Potential callers foresee that they will be asked to give up an ingrained behavior, and that they will feel some discomfort in doing so. This is part of the psychological cost of calling. They may also think that the quitline staff will belittle or nag them, which adds to the perceived cost. An effective campaign may find ways to reduce this perceived cost, perhaps by suggesting that callers will find sympathy and respect, and will learn how to make quitting less painful.

A third concept is that the perceived accessibility of the product plays a part in determining whether it will be used. Since tobacco users may not know how or where to access effective cessation services, a campaign may emphasize that quitline services are “just a phone call away.”

Finally, an effective quitline campaign does its marketing research up front to determine which venues—mass media channels such as television, radio, or billboards, or public relations channels such as sponsorships, participation in community events, etc.—will be most effective in reaching the target audience. Firms with ample experience developing effective social marketing campaigns for the identified target populations will not need to start from scratch, but can build on their knowledge through focus groups on quitline-specific issues with members of the target populations (Earle 2000, Weinreich 1999). It should not be assumed that an approach that worked well in one state will work equally well in another, but any information on a

given approach's effectiveness can be helpful as a reference point. The Centers for Disease Control and Prevention's Media Resource Center contains tobacco counter-advertisements for television, radio, print, and outdoor use that are available to the states (visit <http://www.cdc.gov/tobacco/mcrc/index.htm>).

Key Social Marketing Concepts

In addition to these universal marketing concepts, there are other concepts unique to social marketing that should be considered when developing a quitline campaign (Weinreich 1999). One such concept is that of primary and secondary audiences. In quitline promotion, of course, tobacco users who can be encouraged to call for service are the primary audience. But there are important secondary audiences as well. One consists of tobacco users who may not call the quitline but who will nonetheless make a quit attempt as a result of the campaign. Given the need to achieve the greatest possible reduction in the prevalence of tobacco use with limited public funds, this is a highly desirable outcome that must be a chief goal of any quitline promotional campaign.

Friends and family members of tobacco users, local tobacco control advocates, health care providers, and policy makers make up another secondary audience for quitlines. An effective marketing campaign will strive to obtain buy-in from this audience, because these individuals can help to encourage tobacco users to call. Consequently, developing partnerships with organizations that represent members of these audiences is important because these groups can help to broadcast the quitline's message to audiences that it might not otherwise reach. This is discussed more fully in Chapter 10.

Another concept is the impact of policy on behavior change. For example, creation of smoke-free restaurants and work sites may help to support the individual behaviors—calling the quitline and quitting tobacco use—that are the primary aims of a quitline campaign. In



In the Netherlands, policy is being used to promote cessation in an innovative way. The European Union's new health warnings have been added to cigarette packaging, along with the telephone number for the Dutch quitline.

fact, the support works both ways, as the promulgation of effective cessation assistance makes anti-tobacco policy more universally acceptable.

A final important concept in social marketing campaigns is that, unlike campaigns selling products for profit, they do not directly pay their own way. Quitline campaigns, like many other social marketing efforts, generally depend on limited public funds that may be diverted as priorities change. For this reason, it is important to be vigilant about funding issues and to document and quantify the campaign's achievements in meeting its objectives so that a compelling case can be made to preserve its funding, if necessary.

Television and Radio

Selecting Effective Messages

Quitline media campaigns have used a wide variety of strategies, including scare tactics (such as Australia's "Every Cigarette Is Doing You Damage" campaign); heart-wrenching testimonies (such as a Massachusetts series that features people dying because they smoked); ads addressing the effects of secondhand smoke (in a California ad, a smoker laments that the life he lost was not his own, but his wife's); and humorous, sympathetic scenarios (an Arizona campaign follows a grungy "Everyman" named Chuck through the quitting process; see case study on page 79). In short, there does not appear to be any one "right" message, which may be fortunate, because a periodic change of message may help to keep the quitline fresh in the public's mind (Anderson & Zhu 2000).

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On the other hand, some messages fail to attract callers (Powers 2000; Powers et al. 2000a, 2000b, 2001), or even turn them away (Rosen 2000). For example, a guilt-inducing campaign targeting pregnant smokers in Arizona caused call rates from self-identified pregnant women to decrease, relative to periods in which no such advertising was conducted. Using information from a series of focus groups, subsequent ads featured positive images of pregnant women and a message of empowerment, which significantly increased the proportion of calls from pregnant women and women of all ages (Powers et al. 2000a). States also should be aware that showing tobacco being used (for example, in ads featuring a chewer putting a dip in his mouth) could have the unintended effect of triggering tobacco use (Earle 2000), rather than the desired behavior of quitting tobacco or of calling the quitline.

Conducting formative research on media spots will provide valuable information before the spots are aired. A great deal has been learned from focus groups about what does and does not work that has considerably improved campaigns.

Determining Message Placement and Frequency

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In some social marketing campaigns, the goal is to launch an issue quickly and unmistakably into the public consciousness. It may not matter if the follow-up is as strong as the launch, because the goal is to start people thinking and talking about a particular health issue. In quitline promotion, however, the main goal is to generate calls over time—enough to keep the available staff busy, but not so many that the quality of service suffers. Obtaining just the right mix of advertising to keep call volume at a steady, manageable level requires knowledge of the field.

Television and radio have been the preferred media for informing the public about quitline services and motivating large numbers of tobacco users to call. Ads can be placed in these media at predetermined times, which provides the greatest certainty that they will reach the target audience. However, this is the most expensive option. Being flexible about when the ads are aired can lower the cost of placement but may also lower the likelihood that they will reach the target populations (Weinreich 1999). Public service announcements (PSAs) are the least expensive option for television and radio but allow little targeting because the ads are generally inserted into the schedule in time slots that have not been purchased by other advertisers—often after the quitline has closed for the day. A general rule in TV and radio advertising is that sustained exposure and access to the target audience are the keys to successful media placement (Weinreich 1999).

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Gross rating points and targeted ratings points are used to estimate the percentage of the target audience exposed to a message. The number and timing of the commercials are taken into account when estimating audience impact, and the cost of the buy is tied to the estimated impact. For example, commercials that air during prime time or during popular shows or special broadcasts have the potential to reach more of the target audience, but they also cost more. Because media costs are linked to gross rating points, if one time slot costs more than another, it should provide a correspondingly greater impact.

However, it is useful to remember that quitlines have a limited number of staff available to answer calls at any one time, so a large impact from one ad placement is not necessarily the goal. More frequent placements, each with a smaller impact, may be better. In this way, everyone at the quitline is kept busy and the level of customer service remains high. In general, this is easier to accomplish with radio ads than with television ads, although a television-based approach may still be needed for generating a high overall call volume.

Another way to achieve a steady call volume is by *flighting*, or *staggering*, the ads by markets or by weeks. For example, a state with multiple markets may rotate its campaign among the various markets, airing for a week in each market before moving on to the next one. Or it may air tobacco control ads in all markets at all times, and only rotate the quitline ads. Professional media buyers can help to develop a *flighting plan* (staggering media buys in alternating markets) that will meet the needs and budget of the state.

Other Promotional Channels

There are numerous channels for advertising besides television and radio, and while none of them is likely to have as much impact on a quitline's call volume, they have the advantage of lasting longer. These include billboards, bus signs, bus stops and kiosks, and telephone directories such as the Yellow Pages. Opportunities also exist to post promotional signs and posters in work sites, hospitals, libraries, doctors' offices, county health departments, and other locations. Besides alerting potential callers to the quitline, such efforts also help the quitline to establish a community presence. Professionally developed and graphically consistent collateral materials that can be distributed through the mail, at community events, in pharmacies, and so on, will help to solidify that presence and encourage referrals. These efforts may result in a greater number of word-of-mouth referrals each year (Anderson & Zhu 2000).

Using the media contractor to place stories in local newspapers or on TV and radio news shows is another good source of media exposure. Often called "earned media," these promotional opportunities have several advantages over paid advertising. Proactive placement of feature stories allows a quitline to work with the media to design a story for a targeted audience. Print and electronic feature stories are generally longer than news stories, allowing ample space or time to highlight the quitline's services. In addition to providing the quitline's telephone number and basic facts about its services, a feature story can share callers' personal stories. Large metropolitan areas often

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have news outlets for different populations, including foreign-language newspapers, radio stations, and television stations. There also are opportunities to highlight services in corporate newsletters, particularly those created by health insurance companies. Working with these more specialized media outlets can be an effective way to reach targeted populations. The base cost for media relations is the cost of maintaining an ambitious, well-connected media relations staff person or a public relations firm.

Also thought of as “relationship marketing,” public relations activities address questions such as: What is the quitline’s public image, or does it even have one? Is the quitline in the media only when there is paid advertising or when there is a crisis, or is the quitline part of the community as a whole? Relationship marketing can help establish strategies that build an organization’s corporate image and community awareness of the organization. Sponsorships, memberships in community organizations, participation in community events, and volunteerism by employees are all activities that can help build relationships with work sites, health care institutions, and the general public.

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Relationship marketing can also help generate referrals to the quitline. A personal referral from a trusted source, such as a friend, physician, business colleague, employer, or former quitline caller, is a powerful endorsement. Use of strategies to cultivate personal referrals has been called “viral marketing” because personal referrals spread information like a virus from one “infected” person to another. Good service infects callers with an experience that is so positive that it motivates them to tell others—creating a “buzz” about the quitline’s services. This buzz can be enhanced by paid advertising, compelling media stories, and other outreach efforts.

Evaluating the Campaign

Several methods may be used to evaluate the campaign. Random-digit-dial telephone surveys can be used to estimate advertising reach (how many people remember seeing a commercial). Analysis of quitline call volume during selected ad flights or other promotions will indicate how many people took action after seeing a commercial, reading a newspaper story, or attending an event. Finally, the intake questionnaire can include a question asking callers how they heard about the quitline which will help track the effect of paid advertising as well as outreach and public relations efforts.

Case Study

Arizona Ad Campaign Puts a Face on Smokers' Struggles

When the fledgling Arizona Smokers' Helpline was established in early 1995, its funding supported services for youth and pregnant women only, and the only publicity venues available were low-budget public relations and local outreach events. Consequently, the call volume was low (under 500 calls per quarter), the staff was small, and client services were limited.

In 1996, the Helpline began receiving state tobacco tax funds, and in June 1997, funding was increased to cover free cessation information, proactive telephone counseling services, and self-help publications (in Spanish and English) for all Arizonans. In January 1998, the state also began funding television advertising to promote Helpline services.

Over the next two fiscal years (1998 to 2000) the Helpline's general market advertising followed a grungy Everyman named Chuck through the stages of quitting tobacco use and beyond. These ads were aired during television prime time and, in selected spots, during the daytime soap operas. As a result of the ads, call volume increased to 500 calls per week (Powers 2000; Powers et al. 1999, 2000a, 2000b,), and the Helpline's name recognition reached 90%. In periods of high-volume advertising, as many as 75% of callers reported that they heard about the Helpline from TV.

As calls increased, client services were expanded to include relapse prevention and referrals, as well as information services on quitting and local resources, in addition to proactive counseling. During the early television campaigns, up to 95% of callers chose the Helpline's information service; however, as awareness of the Helpline increased, the percentage of clients choosing multisession proactive counseling increased to approximately 60%.

Budget constraints in fiscal years 2001 and 2002 significantly decreased television advertising, and the Helpline's recruitment strategies shifted from paid advertising to referrals. The Helpline has worked diligently with community-based tobacco control projects and health care providers to increase access to services statewide by building a network of proactive referrals to the Helpline and to community classes.

Recommendations

- ◆ Assign development of the quitline media campaign to a media professional or advertising agency with experience in social marketing.
- ◆ Use social marketing fundamentals to develop a comprehensive communication plan that identifies the quitline's multiple audiences and appropriate messages and media venues to reach those audiences.
- ◆ Use a variety of media and media strategies, including paid advertising and public relations.
- ◆ Develop, test, and implement targeted messages in appropriate venues to reach diverse populations.
- ◆ Coordinate all media activities with the quitline management to ensure quality customer service and appropriate staffing.
- ◆ Develop a consistent, recognizable graphic image and collateral materials for distribution through quitline mailings, events, work sites, health care institutions, the Internet, and other promotional venues.